

Name In Full

Certificate of Death

Died at

Date 1903

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

MARYLAND

Female

White

~~Colored~~

Single

Widower

Mother's

Maiden Name

How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

T



Name
in
Full

Emma M. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190	3	Month	8	Day	21	Age	33
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Maryland</i>
Married, Single	<i>Single</i>		Occupation	<i>Domestic</i>			
Name of Wife or Husband							
Father's Name <i>Emm Emmet Brown</i>						Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Lucy C. Lewis</i>						Mother's Birthplace <i>Maryland</i>	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Six weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Stone</i>	
		Address <i>Ridgely Md.</i>	
Accident or Suicide?			

Goombore

Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband
of~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

~~Widow~~

Widower

~~Divorced~~

Number of children living

MARYLAND

Husband

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Death

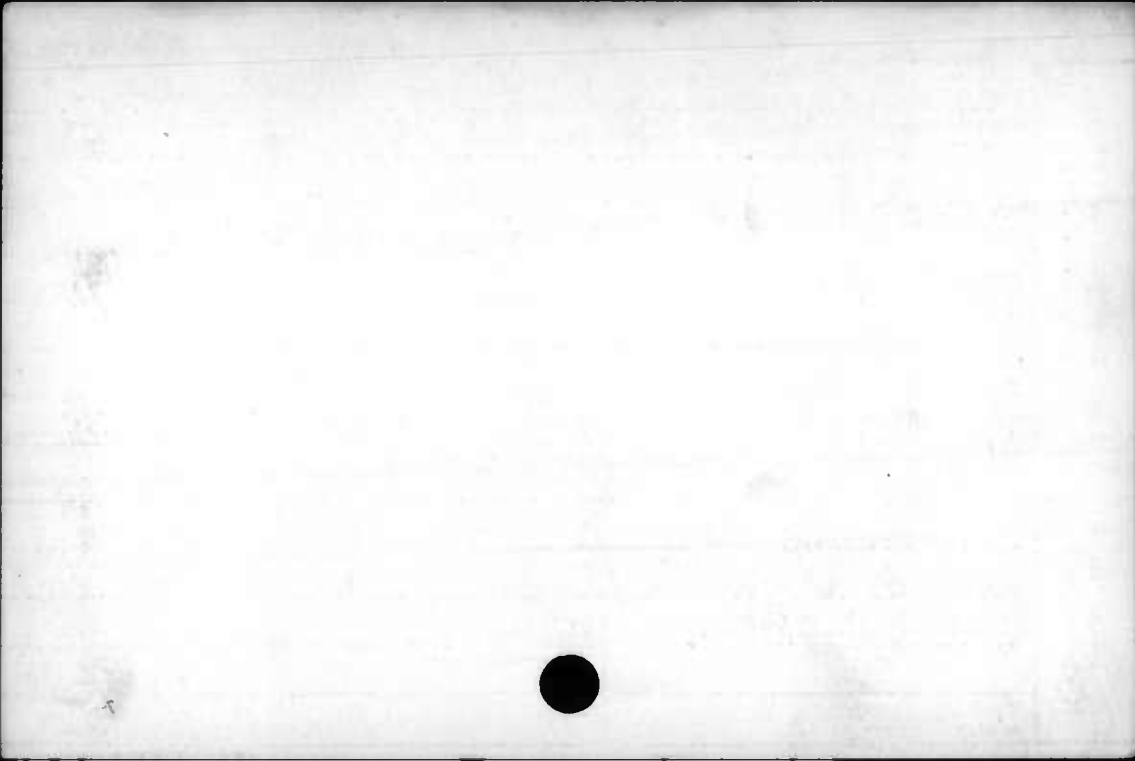
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Denton</u> <small>Town</small>		<u>Calverton</u> <small>County</small>	
		Date of death 190 <u>3</u> <small>Month</small> <u>8</u> <small>Day</small> <u>20</u> <small>Years</small> <u>78</u> <small>Months</small> <u>—</u> <small>Days</small> <u>—</u>		Age <u>78</u>	
		Sex <u>Male</u>		Color or Race <u>Black</u>	
		Married, Single or Widowed <u>Single</u>		Occupation <u>Labor</u>	
		Name of Wife or Husband <u>Augusta Cook</u>		Birth-place <u>Maryland</u>	
		Father's Name <u>—</u>		Father's Birthplace <u>—</u>	
		Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>	
		Name of person giving information <u>Frank Cook</u>		How related to deceased <u>Son</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Chronic Int. Nephritis</u>		How long <u>18 months</u>	
		Immediate <u>Malaria</u>		How long <u>6 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>D. Manship</u>	
				Address <u>Denton, Maryland</u>	
		Accident or Suicide? <u>—</u>			



Name
in
Full

Louise Cory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>5</i> <small>Years</small>	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Leonard Cory</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Lora Satterfield</i>			Mother's Birthplace <i>md</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>one day</i>
Immediate		How long	<i>105</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R Kemp Jefferson</i>	
<i>yes</i>		Address <i>Federalburg md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

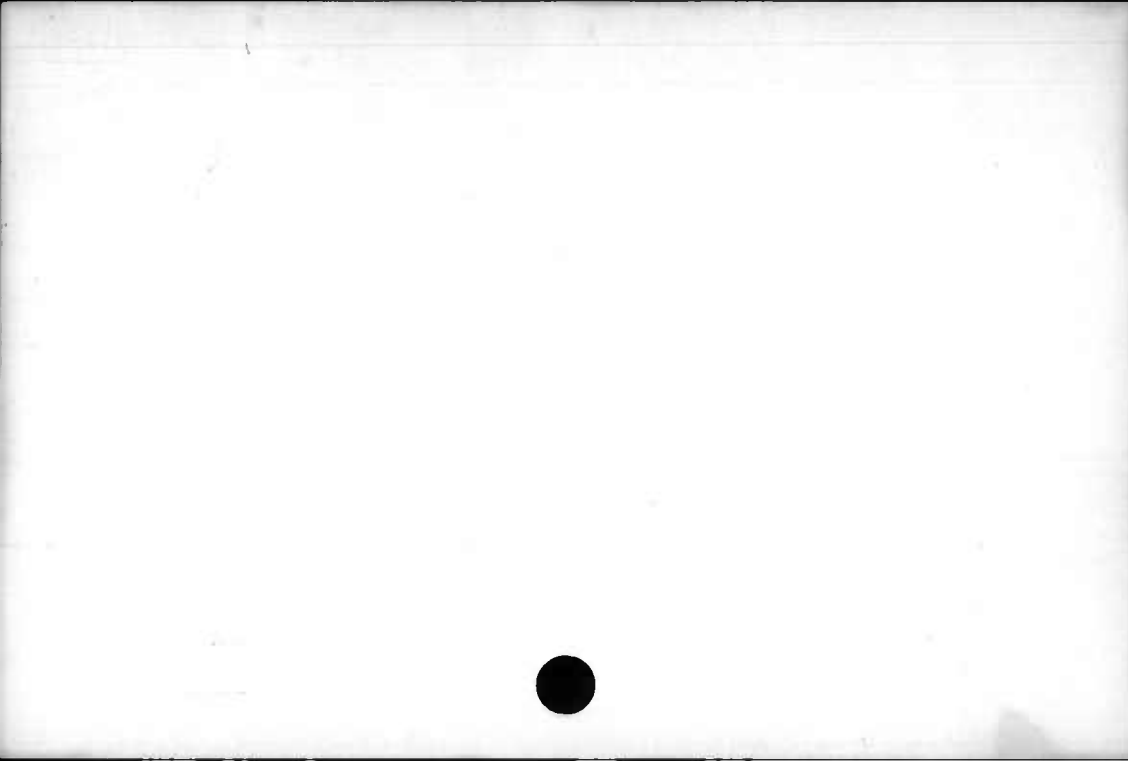
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Martina Dew</i>		Town <i>Federalshurg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>28</i>		Years <i>77</i>	
Date of death <i>1903</i>		Month <i>Aug</i>		Day <i>28</i>		Age <i>77</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>England</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>George Dew</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>James Dew</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>4 years</i>
Immediate	<i>40</i>	How long	<i>40</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R Kemp Jefferson</i>	
<i>yes</i>		Address <i>Federalshurg md</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Mary E. Douglass
 Died at Prinston Town Caroline County MARYLAND
 Date 1903 Aug 29 Month Aug Day 29 Age 48 Y. 11 M. 14 D. 14 Native of Md Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 2

~~Husband~~ of James H. Douglass
 Wife
 Father's Name Asiel Medford Mother's Maiden Name Martha A. Elliott

Cause of Death { Primary Fatty degeneration of Heart How long sick Half an hour
 Immediate Fall from Attic at wall Accident, Suicide, Homicide

Reported by J. L. Hobbs M.D.Address 99 Prinston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lute Fountain

CERTIFICATE OF DEATH

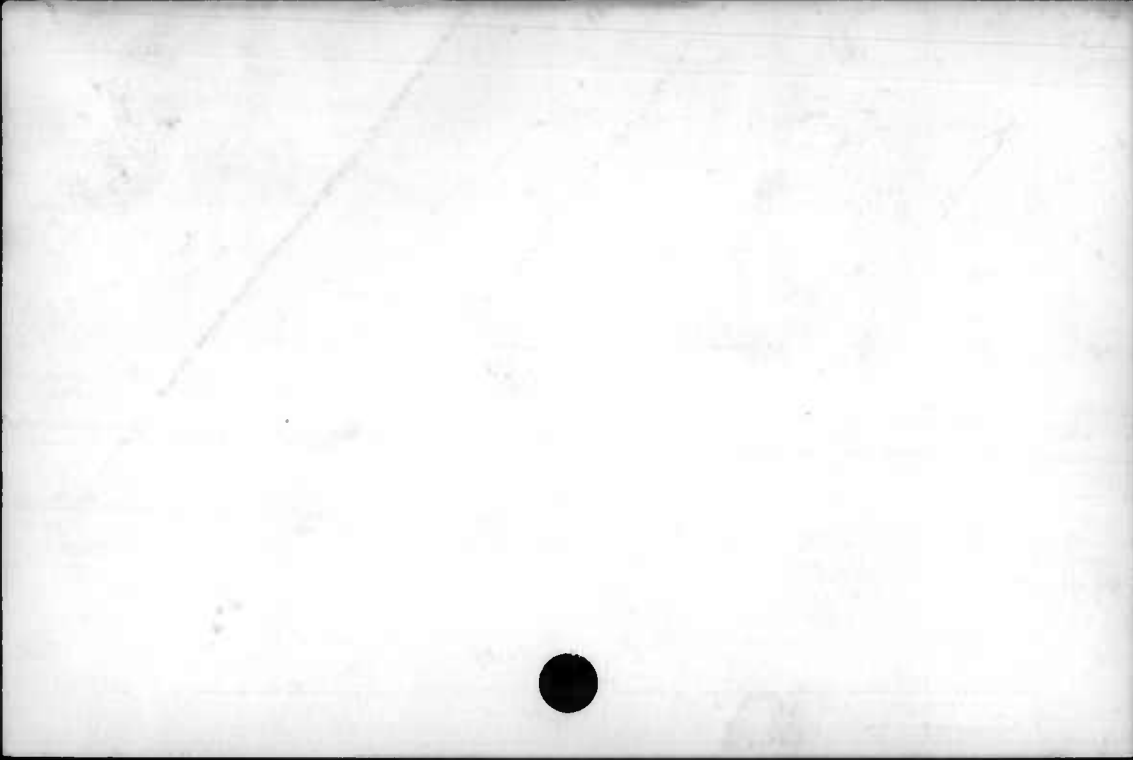
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cowdoy Point</i>		Town <i>Point</i>		County <i>Leoline</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>24</i>	Age <i>17</i>	Years <i>17</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>this state</i>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband <i>99</i>							
Father's Name <i>William Fountain</i>				Father's Birthplace <i>this state</i>			
Mother's Maiden Name <i>Elizabeth Gross</i>				Mother's Birthplace <i>this state</i>			
Name of person giving information <i>John Waler Fountain</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Confection of Lungs</i>	How long <i>1 day</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Manship</i>
	Address <i>Denton</i>
	<i>Maryland</i>
Attending Physician?	



Name in Full *Ruth Friend*
 Town *Preston* County *Caroline* MARYLAND
 Died at *near Preston*
 Date 19*08* Month *Aug* Day *10* Y. *5* M. *19* D. *7* Native of *Md* Occupation
 Male ☒ Female ☐ Married ☒ Widowed ☒ Divorced ☒ Number of children living *0*
 Colored ☒ Single ☒ Widower ☒

Husband of _____
 Wife _____
 Father's Name *Charles Friend* Mother's Maiden Name *Fannie Cole*
 Cause of Death { Primary *Whooping Cough* Immediate *Pneumonia* How long sick *2 weeks*
 Accident, Suicide, Homicide

Reported by *J L Noble MD*
 Address *Preston Md*



Name
in
Full

May Lumb

CERTIFICATE OF DEATH

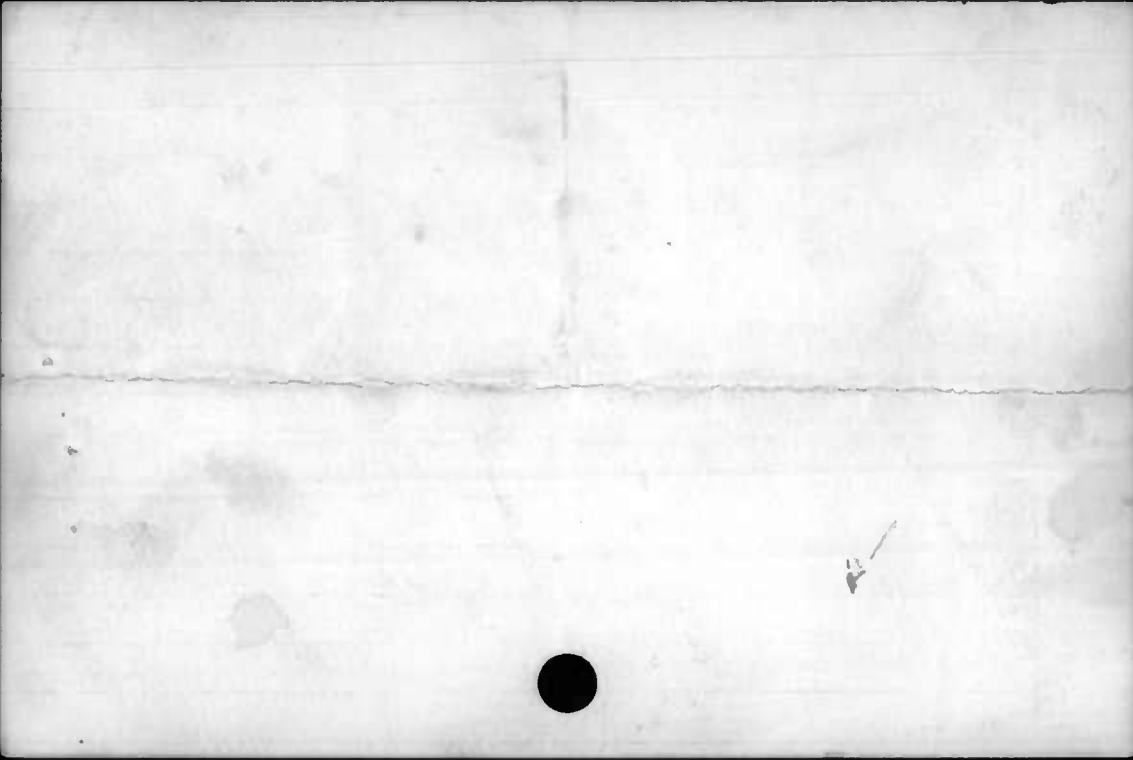
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Zachary</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>17</i>	Age <i>31</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Marydel</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>William Lumb</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5-6 hrs</i>
Immediate <i>4 hours</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Gully</i>
	Address <i>Lynchville</i>
Accident or Suicide?	



Bessa Mantage

Town

County

Died at

Bever Bridge

Caroline

MARYLAND

Date 189

3

Month

8

Day

4

Y.

90

M.

D.

Native of

Occupation

Germany Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Wife of

Martha Mantage

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Old Age

15

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

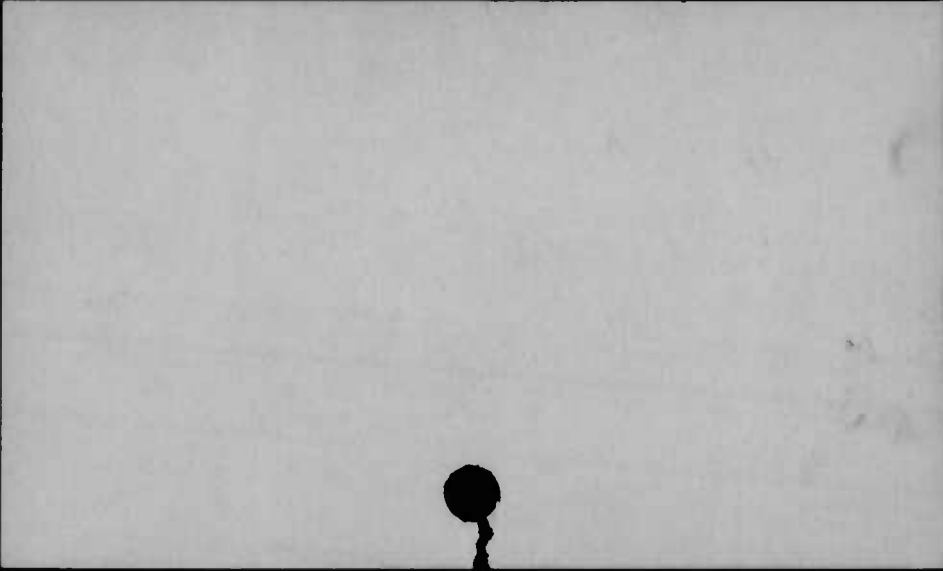
Reported by

J L Noble M.D.

Address

Preston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Daniel Phillips

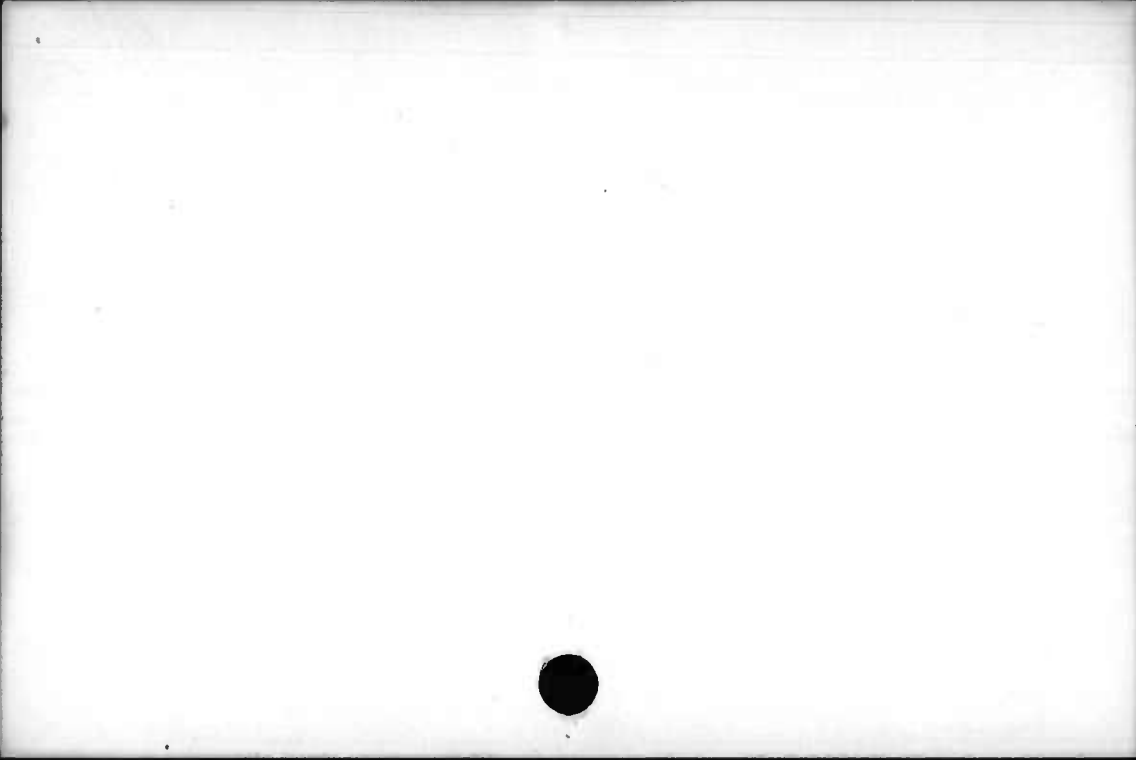
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>57</i>	Months	Days
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>md</i>		
Occupation <i>laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>5 years</i>
Immediate	<i>64</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R Kemp Jefferson</i>	
<i>yes</i>		Address <i>Federalburg md</i>	
Accident or Suicide?			



Name in Full Helen H Stafford		Town Hobbs		County Caroline		CERTIFICATE OF DEATH	
Died at Hobbs		State MARYLAND					
Date of death 190 3		Month Aug.		Day 21		Age 7	
Sex Female		Color or Race White		Birth-place Md.		Months 3	
Married, Single or Widowed Single		Occupation					
Name of Wife or Husband							
Father's Name Frederick P. Stafford		Father's Birthplace Md.					
Mother's Maiden Name Charlotte A. Stafford		Mother's Birthplace Md.					
Name of person giving information Frederick P. Stafford		How related to deceased Father					
CAUSES OF DEATH							
Primary Dentition		How long 4 da. ill					
Immediate Convulsions		How long					
Are the name, age, sex, color, date and place correctly given above? They are		Signature of Physician Jas. H. Ward					
		Address Andersonton Md.					
Amount of Burial?							

